

**RESEARCH ARTICLE**



# Assessing the Prevalence of Workplace Violence against Nurses Working in Public Health Facilities in Anambra State

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**Abstract:**

**Background of the Study:** Workplace violence among healthcare workers in public health facilities including nurses is one of the major issues in health systems today hampering the wellbeing and social improvement of the society. This study assessed the prevalence of workplace violence against nurses working at public health facilities in Anambra state.

**Methods:** A cross-sectional descriptive design was employed in carrying out the study among nurses working at public secondary and tertiary levels of care facilities in Anambra state. Multi-staged sampling technique was used to select sample 5 facilities and sample size of two hundred and ninety-two nurses. WHO standardized questionnaire on workplace violence was adapted for data collections which were analysed with Statistical Software Package version 16.0.

**Results:** The results revealed that 75% of the nurses have experienced workplace violence related to their work with verbal violence (60.3%) as the most experience and sexual violence (2.8%) was least experienced with visitors / patient's relatives as the most common perpetrators of workplace violence against nurses.

**Conclusion:** There is high prevalence of workplace violence among nurses working at the public health facilities in Anambra state. It is imperative for strategic policies by the national and subnational government to address this menace.

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## 1. INTRODUCTION

All over the world, health workers are exposed to untold violent experiences more than any other working group. World Health Organization report (WHO) shows that between 8% to 38% of health workers suffer physical violence at some point in their careers and a greater number are exposed to verbal aggression [5]. National Institute for Occupational Safety and Health statistics revealed that 13.2 and 38.8 per 100 nurses per year suffer physical assaults and non-physical assaults respectively [6]. In 2018, Bureau of labour statistics in United States also showed that 73% of workplace injuries and illnesses due to violence were observed among health care workers including nurses [7] It is more worrisome that workplace violence has not only a negative impact on the psychological and physical well-being of health-care staff, but also affects their job motivation and compromises the quality of care and puts health-care provision at risk [5].

Violence could be defined as “incidents where employees are abused, threatened, assaulted or subjected to other offensive behaviour in circumstances related to their work” [8]. This description observed that workplace violence has to do with obnoxious behaviours to which a person is subjugated in circumstances

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related to their work. Workplace Violence as experienced by nurses can be defined “as any act or threat of verbal or physical violence, harassment, intimidation, or other threatening disruptive behaviour that occurs at the worksite with the intention of abusing or injuring the target.” [9]. Literature abound on the negative effect of nurses’ workplace violence on nurses’ health, job satisfaction and quality of care provided to patients [1,2,3]. The matter of violence at the workplace has become a growing transnational challenge which not only hampers the wellbeing of individuals but also hinders societal improvement [4].

Nurses offer quality healthcare services relatively more directly to patients which exposes them more to workplace violence but are not offered adequate security from workplace violence in hospitals and health systems at large despite their pivotal role in the healthcare system hence the rising incidence of workplace violence against nurses [10]. Nurses’ exposures to violence at the workplace are frequent and in several forms such as threats, verbal abuse, intimidation and physical violence [11]. Workplace violence can have grave impacts on the nurse both physically causing mild or serious body injuries. It can affect the victims emotionally leading to low morale for work, poor performance at work and can even lead to death. It also affects service delivery and even the facility as a whole [6].

Previous studies show that Nigeria is not exceptional in the issue of Workplace violence. In Oyo, a south western state in Nigeria, high prevalence of workplace violence was observed as the authors found that almost 60% of nurses experienced workplace violence within one year preceding the study [12]. In a more recent study on Workplace violence among nurses in general hospitals conducted in Osun state, South Western Nigeria, the authors reported that 66% of the nurses had encountered violence at duty [13]. This shows an increase in the prevalence of workplace violence in Nigeria. A study by Olabisi and his colleagues also found that the prevalence of physical, verbal and sexual violence among nurses were 53%, 85% and 25% respectively [14]. Another study in Nigeria found that 72.5% of the health workers have been victims of workplace violence [15]. In southeast Nigeria, a study in Abia state revealed that the prevalence of workplace violence in a tertiary health institution was approximately 88% although the study covered all health workers in the health facility [16]. A more recent study in Enugu state on psychological violence alone found that 50% of nurses experienced psychological violence [17].

However, the researcher discovered that there is an increased prevalence of workplace violence against nurses globally but there is paucity of literature on prevalence of workplace violence among nurses in Public Health facility in Southeast Nigeria particularly Anambra state that will be used to inform policies for effective health administration especially nursing management. This study provides the prevalence of workplace violence among nurses in public health facilities in Anambra state. The information will be important for Health policy makers for policy reviews that will ensure safe working environment for nurses to offer pertinent services to their clients.

## **2. METHODS**

This is part of a cross-sectional descriptive study on work-place violence among nurses working at public health facilities in Anambra state partly published in another journal [18]. Purposive and Random sampling techniques were employed to select two tertiary health facility and three secondary health facilities respectively for the study. The sample size was calculated using the Cochran formula for cross-sectional studies and was 283. Proportionate to size sampling was used to select the respondents from all the selected facilities. A WHO standardized questionnaire on workplace violence was adapted for the study. The questionnaire was self-administered and the data were analyzed using Statistical Package for Social Science (SPSS) software version 16.0 (Stata Corp LLC, California, U.S.A, 2019).

## **3. ETHICAL APPROVAL AND CONSENT TO PARTICIPATE**

Ethical approval protocols were observed and ethical approval was secured from the medical research ethical committee of Nnamdi Azikiwe University Teaching Hospital Nnewi (NAUTH) with reference number NAUTH/C5/66/Vol.16/VER.3/260/2022/148 and data collection approval was secured from Chukwue-meka Odmegwu Ojukwu Univeristy Teaching Hospital (COOUTH) Amaku, Awka with reference number COOUTH/CMAC/Rec.L/Vol.1/FN/04/0093 and state ministry of health, Anambra state with reference

number MH/AWK/M/321/413. The respondents voluntarily participated in the study and anonymity of their identity was maintained.

**Table 1. Respondent Characteristics.**

Variable	Frequency (n=283)	Percentage (%)
Age in years: <30	37	13.07
31-40	125	44.17
41-50	89	31.45
51-60	32	11.31
Gender: Female	268	94.70
Male	15	5.30
Marital status: Divorced	1	0.35
Married	244	86.22
Separated	1	0.35
Single	37	13.07
Level of education: Diploma	86	30.39
Graduate	154	54.42
Post Graduate	43	15.19
Years of experience: 1-5	56	19.79
6-10	117	41.34
11-15	41	14.49
16-20	34	12.01
>20	35	12.37
Rank:		
Assistant Chief Nursing Officer	16	5.65
Assistant Director of Nursing services	7	2.47
Chief Nursing Officer	32	11.31
Deputy Director of Nursing Services	9	3.18
Principal Nursing Officer	54	19.08
Senior Nursing Officer	82	28.97
Nursing Officer I	43	15.19
Nursing Officer II	40	14.13

The results on the table above portrayed that the modal age of the respondents that participated in the study was 31-40 years which constituted 44.17 percent of the respondents whereas the respondents between 51-60 years (11.31 percent) were the least.

The results also showed that most of the respondents were of female gender 94.70 percent (268) and 5.30 percent (15) were males. This clearly showed that there were more female nurses than male nurses that participated in the study.

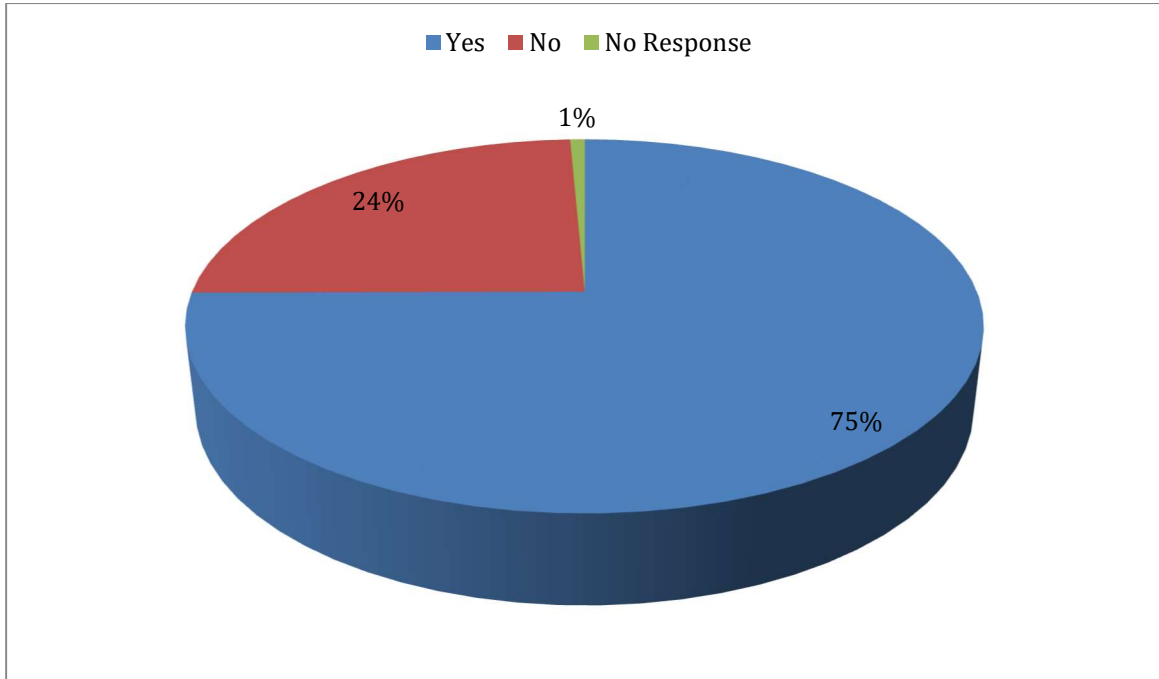
The marital status of the respondents was also shown in the results. The results portrayed that 86.22 percent (244) of the respondents were married, 13.07 percent (37) were single, then 0.35 percent (1) each were separated and divorced respectively.

Educational level of the respondents clearly showed that most of the respondents were graduates 54.42 percent (154) followed by diploma holders 30.39 percent (86) and lastly postgraduates 15.19 percent (43).

The results on the table also showed the years of experience of the respondents. The results showed that the majority of the respondents had a working experience between 6-10 years 41.34 percent (117), followed

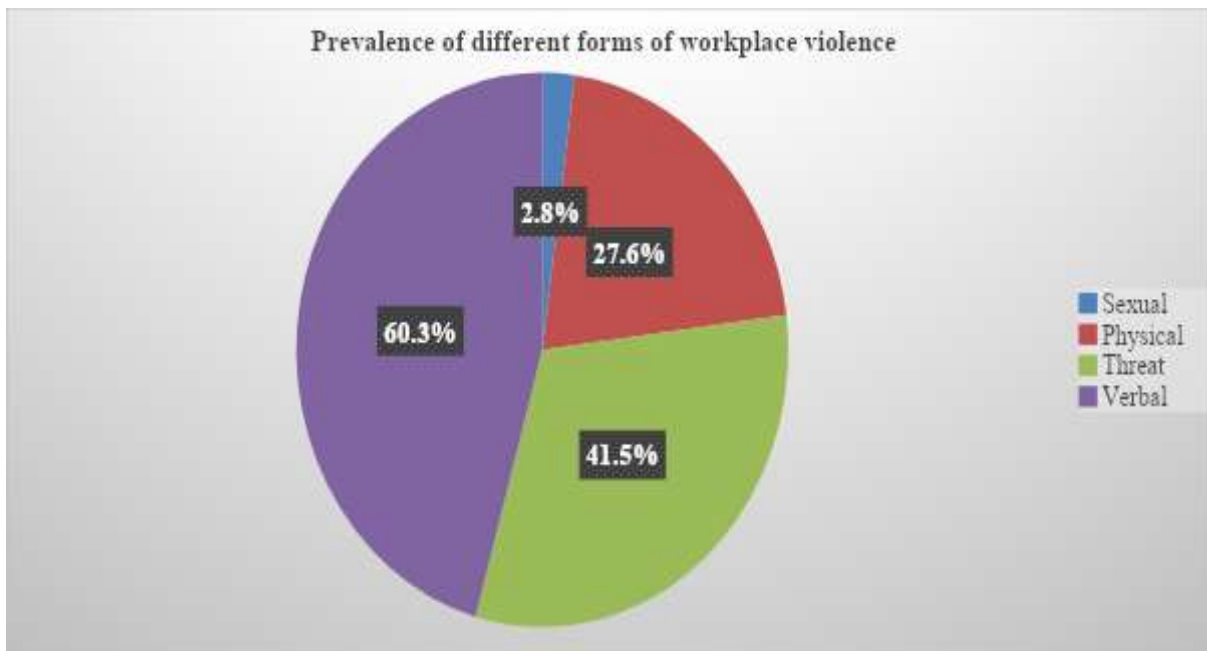
by 1-5 years 19.79 percent (56) and those with working experience between 16-20 years (12.1 percent, 34) were the least.

The results also portrayed the different ranks or position of the respondents at the time of data collection. Most of the respondents were senior nursing officer 82 (28.97 percent) followed by Principal nursing officer 54 (19.08 percent) and Assistant director of nursing services 7 (2.47 percent) were the least of the respondents.



**Figure 1.** Prevalence of workplace violence among the study participants.

Figure 1 shows that out of the 283 respondents, 75 percent have experienced workplace violence related to their work whereas only 24 percent have not.



**Figure 2.** Prevalence of different forms of workplace violence among the study participants.

From the chart above, the majority of the respondents experienced the verbal form of violence (60.3 percent), followed by threats (41.5 percent) and sexual (2.8 percent) was least experienced.

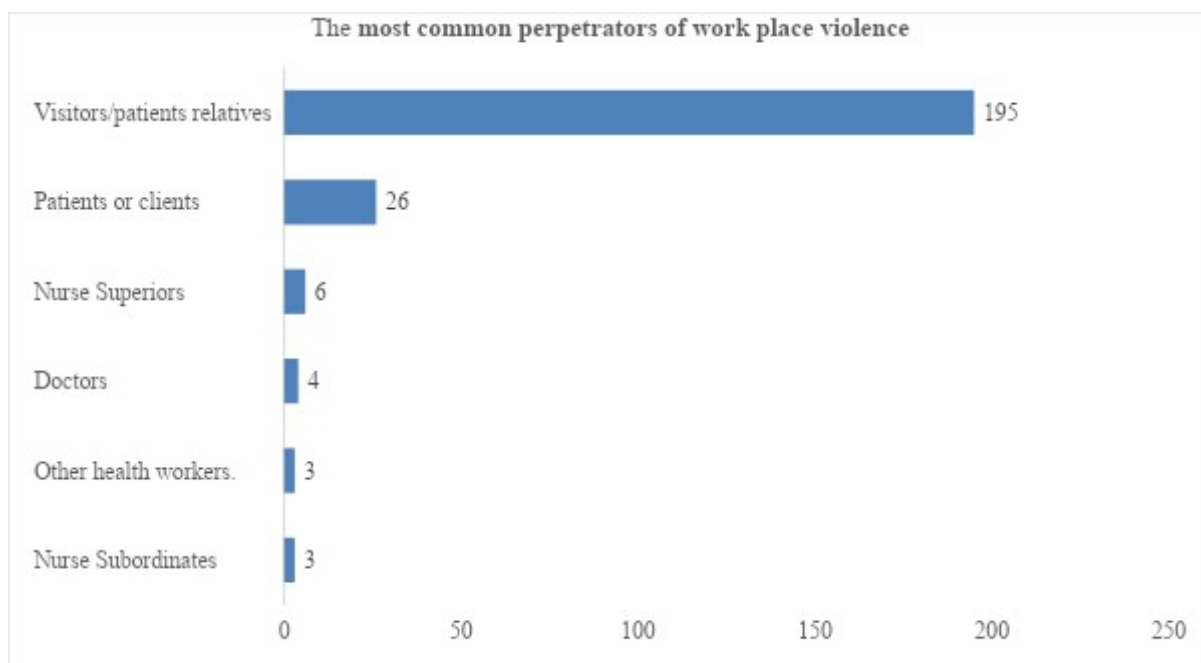


Figure 3. The most common perpetrators of workplace violence.

From the above chart, the most common perpetrators of workplace violence are visitors/patient relatives, followed by patients/clients, nurse superiors whereas doctors, other health workers and nurse subordinates are at the same level.

Table 3. Characteristics of perpetrators.

Variable	Frequency (n=283)	Percentage %
Female	54	19.10
Male	180	63.60
Unknown	49	17.30
Total	283	100
Age group of the perpetrators		
21- 35 years	119	42.05
Above 35 years.	116	40.99
Less than 20 years	1	0.35
No Response	47	16.61
If the perpetrators are under the influence of anything?		
Yes	57	20.14
No	178	62.90
No Response	48	16.96
Total	283	100

The results revealed that the majority of the perpetrators were males (63.60%). The results showed that most perpetrators were between 21-35 years (42.05 percent), followed by those above 35 (40.99 percent) and least of the perpetrators were less than 20 years (0.35 percent). The results on the table also showed that

20.14 percent (57) of the respondents were under an influence whereas 62.90 percent (178) were not under any influence.

#### **4. DISCUSSIONS**

We discovered that nurses in Anambra state's public health facilities had a significant rate of workplace violence. 75% of the participants in our study reported having encountered workplace violence. Our results closely align with those of a cross-sectional study conducted in Australia, which reported that 79.3 percent of nurses experienced workplace violence [19]. The results are similarly consistent with a research conducted in Istanbul, which reported that 64.1% of nurses had experienced workplace violence [4]. Additionally, according to an Iranian survey, 69% of nurses have dealt with some sort of workplace violence in the previous year [10]. Nonetheless, a previous Nigerian study discovered a lower rate of workplace violence among Oshogbo nurses was roughly 54%. This is worrisome because it is an indicator that there is little or no improvement in nursing management in Nigeria as the finding is almost a decade ago [12]. This variation may be due to staff shortages as the nurses were usually two on duty most of the time attending to many patients as there is usually a heavy influx of patients in public hospitals.

According to our research, 60.3% of the nurses had been the victims of verbal abuse. This demonstrated that the majority of respondents had encountered verbal abuse. This might be because women made up the majority of the responders. This result agrees with Günaydın and Kutlu's [4] findings. In their investigation of the prevalence of workplace violence among Turkish nurses in Istanbul, the researchers discovered that while nurses were exposed to a variety of violent acts, verbal abuse accounted for the majority of incidents (94.2 percent). This result is consistent with that of a Nigerian study conducted by Abodurin and colleagues [12], which found that verbal abuse accounted for 64.6% of all forms of violence reported by nurses. Verbal abuse (61.0%) was also shown to be connected with workplace violence among nurses employed in public hospitals in Eastern Ethiopia, according to another study conducted in Ethiopia. The results of this investigation are similarly consistent with a Chinese study that found that verbal abuse accounted for 80% of all violent incidents [20]. There is a discrepancy between these results and those of Gad [21], who noted that verbal aggression was experienced by just 27.3% of the respondents. Variations in the research setting may be the cause of this discrepancy.

We also found a prevalence of 41.5 percent of threats in our study. This finding is consistent with that of Banda and associates, where they found threatening behaviours (73%) as one of the common forms of violence experienced by nurses in the workplace [22]. A study in China (17.4%) of Health workers experienced threats in the past year [23]. High prevalence of threat is worrisome because studies have shown that threat alone could lead to fear of service provision in urgent and severe cases in the health facilities. It can also lead to resignation from duty [23]. A recent Nigeria study also revealed high retention risk among health workers including nurses in Nigeria [24].

In this study 27.6 percent experienced physical form of violence which is one of the most common forms of violence experienced by nurses. This finding is consistent with that of Kwok who discovered that physical violence (18%) was one of forms of workplace violence experienced by nurses [20]. Also Shi and colleagues found that 11.8% of the nurses experienced physical violence [25] as well as Zainal who also realised from their study that 11.0% of the nurses suffered physical violence [26]. All these studies agree with the fact that physical violence is one of the common forms of violence experienced by nurses in the workplace, however the varying rates may be due to differences in research context and also shows that more efforts are needed to curb violence among nurses.

Our finding showed that 2.8 percent experienced the sexual form of violence. This study revealed sexual violence as the least form of violence experienced by nurses. This finding is congruent with that of Günaydın and Kutlu, Abodurin, Largesse and Zhang [4,12,27,3] where they discovered from their study that sexual violence was the least experienced form of workplace violence. This could be to the fact that sexual violence is sensitive and cannot be performed in the open unlike other forms of violence.

The study revealed that the commonest perpetrators of workplace violence is patient relatives (63.25 percent). Other perpetrators identified in this study were patients (13.78 percent), colleagues (4.24 percent)

and other hospital staff (1.77 percent). This is not surprising because study found that family members of a sick person has three primary emotions including sadness, anger, and fear [28]. These emotions can lead to violence and destructive behaviours. This finding is close to that of Günaydın and Kutlu in their study to ascertain the experience of workplace violence among nurses in Istanbul, Turkey. They realised that the most common perpetrators of workplace violence were visitors/patient relatives (56.7 percent) and patients (37.4 percent) [4]. The findings also agree with that of Stanley and Nwosu, in a study to assess workplace violence among primary healthcare workers in Enugu metropolis, wherein they found the main perpetrators of workplace violence to be patient relatives [29]. The finding is also in consonance with a Chinese study which revealed patient relatives (83.1 percent) as the main perpetrators of workplace violence [25]. However, the findings are in contrast with that of Banda and friends, who found patients (71 percent) to be the major perpetrators of workplace violence in their study on violence against nurses in the southern region of Malawi [22]. The disparity could be due to the nature of the patients as per their disease condition because a critical patient may not have the strength to be violent hence their relatives.

We also found that most of the perpetrators were males (63.60 percent) with their major age being between 21 and 35 years, followed by those above 35 years. The major gender that perpetrate violence among nurses found in our study is similar to the finding by Günaydın and Kutlu in Istanbul [4]. This could be the case because women make up the majority of nurses, and in the context of the study, women are still subjected to discriminatory laws, cultural and religious norms, gender stereotypes, low levels of education, and the disproportionate impact of poverty on women. This is despite the fact that non-discrimination and gender equality are guaranteed by the Nigerian Constitution. [30] More still, most of the perpetrators were perceived not to be under the influence of drug or alcohol (62.90 percent) pointing to the fact that most of the perpetrators deliberately inflicted violence on the nurses.

## CONCLUSION

The prevalence of workplace violence against nurses in public health facilities in Anambra state is unacceptably high and there are indicators that gender inequality is a factor although the study design being cross-sectional did not allow the establishment of causal relationships. There is a need for strategic policies by health care facility managers to control workplace violence among nurses for improved productivity and job satisfaction.

## AUTHORS' CONTRIBUTIONS

The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

## RECOMMENDATIONS

Formal guidelines for reporting and managing Workplace Violence in Health facilities are urgently needed.

Massive awareness campaigns including Media campaigns across health facilities in Anambra state involving nurses, patients and other health care staff towards the dangers associated with workplace violence and its prevention workplace violence.

Policy makers should enact apt policies against workplace violence and disseminate it to the public to be informed about the consequences of indulging in workplace violence and be deterred from it.

## LIMITATIONS OF THE STUDY

The methodology used in this study limits the establishment of causal relationships.

The study was prone to recall bias as the respondents were required to answer questions like “when did you last experience workplace violence” and that may have affected the study outcome.

The poor attitude of nurses towards research and answering questionnaires. The researcher had to be patient to get the required number of the respondents from each of the facilities

### COMPETING INTERESTS

There is no form of conflict of interest among the authors in regard to this study.

### CONSENT FOR PUBLICATION

Not applicable.

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